DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below-named inventors, we hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled URINARY TUMOR ASSOCIATED ANTIGEN, ANTIGENIC SUBUNITS AND METHODS OF DETECTION

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I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

We hereby appoint the following attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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Inventor;s signature:_	David M Ender, MD	
Date: 31 Octo	ber 1989	,
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Citizenship:	USA	
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